

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Aiken
Township of Irby
or
Inc. Town of Warrenville
or
City of Warrenville

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
30740

Registration District No. 204 Registered No. 100
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
No. 100 St. 100 Ward 100

(2) Full Name of Child William Howard Woodard If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Boy (4) Type of Triplet — (5) Number in order of birth 1 (6) Age at Birth — (7) DATE OF BIRTH Oct 24 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. H. Woodard
(9) PRESENT RESIDENCE OF FATHER Warrenville S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Year)
(12) BIRTHPLACE Aiken S.C.
(13) OCCUPATION Miss of work
(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mar. Nell Miller
(15) PRESENT RESIDENCE OF MOTHER Warrenville S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Year)
(18) BIRTHPLACE Aiken S.C.
(19) OCCUPATION Miss of work
(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Aiken at 11 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
S. A. Marshall

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(26) Filed Nov. 8 1923 W. R. Turnbull, R.S., M.D. Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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